

1199 SEIU UNITED HEALTHCARE WORKERS EAST

Plaintiff(s)

Index # 07 CIV 8652

- against -

Purchased October 5, 2007

SPLIT ROCK REHABILITATION AND HEALTH CARE CENTER

Defendant(s)

AFFIDAVIT OF SERVICE

STATE OF NEW YORK: COUNTY OF NEW YORK ss:

LUIS AGOSTINI BEING DULY SWORN DEPOSES AND SAYS DEPONENT IS NOT A PARTY TO THIS ACTION, OVER THE AGE OF EIGHTEEN YEARS AND RESIDES IN THE STATE OF NEW YORK.

That on October 15, 2007 at 01:50 PM at

3525 BAYCHESTER AVENUE
BRONX, NY 10466

deponent served the within SUMMONS AND COMPLAINT; INDIVIDUAL PRACTICES OF MAGISTRATE JUDGE GABRIEL W. GORENSTEIN; INDIVIDUAL PRACTICES OF JUDGE PAUL A.* on SPLIT ROCK REHABILITATION AND HEALTH CARE CENTER therein named,

**SUITABLE
AGE**

by delivering thereat a true copy of each to ANDRINA FIGUEROA a person of suitable age and discretion. Said premises is Defendant's actual place of business within the state. She identified herself as the GENERAL-AGENT of the Defendant.

Deponent further states that he describes the person actually served as follows:

Sex	Skin Color	Hair Color	Age (Approx.)	Height (Approx.)	Weight (Approx.)
FEMALE	BLACK	BLACK	35	5'5	140

MAILING

Deponent enclosed a copy of same in a postpaid wrapper properly addressed to the Defendant at the Defendant's actual place of business at

3525 BAYCHESTER AVENUE
BRONX, NY 10466

and deposited said wrapper in a post office or official depository under exclusive care and custody of the United States Postal Service within New York State on October 16, 2007 by REGULAR FIRST CLASS MAIL in an envelope marked PERSONAL & CONFIDENTIAL and not indicating on the outside thereof, by return address or otherwise, that the communication is from an attorney or concerns an action against the person to be served.

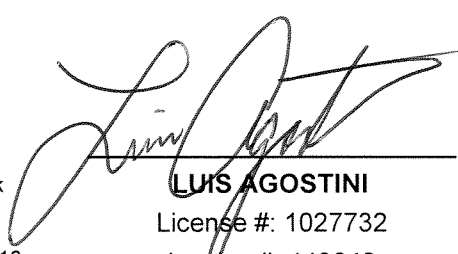
*CROTTY, U.S.D.J.

That at the time of such service deponent knew the person so served as aforesaid to be the same person mentioned and described as the Defendant in this action.

Sworn to me on: October 16, 2007

JOEL GRABER
Notary Public, State of New York
No. 02GR4699723
Qualified in New York County
Comm. Expires February 10, 2010

JONATHAN GRABER
Notary Public, State of New York
No. 01GR6156780
Qualified in New York County
Comm. Expires December 4, 2010


LUIS AGOSTINI
License #: 1027732
Invoice #: 449642

United States District Court

SOUTHERN DISTRICT OF NEW YORK

1199 SEIU UNITED HEALTHCARE WORKERS

JUDGE CROTTY

SUMMONS IN A CIVIL CASE

V.

CASE NUMBER:

SPLIT ROCK REHABILITATION AND HEALTH CARE
CENTER

07 CIV 8652

TO: (Name and address of Defendant)

Split Rock Rehabilitation and Health Care Center
3525 Baychester Avenue
Bronx, NY 10466
(718)798-8900

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

LOWELL PETERSON, ESQ.
MEYER, SUOZZI, ENGLISH & KLEIN, P.C.
1350 BROADWAY, SUITE 501
NEW YORK, NY 10018

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

OCT 05 2007

J. MICHAEL McMAHON

CLERK

DATE

Max Stern
(BY) DEPUTY CLERK

AO 440 (Rev. 10/93) Summons in a Civil Action –SDNY WEB 4/99

RETURN OF SERVICE

Service of the Summons and complaint was made by me ¹	DATE
NAME OF SERVER (PRINT)	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____
Date

Signature of Server

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.